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Bib Data Sheet

CONFIRMATION NO. 9076

SERIAL NUMBER 09/765,217	FILING OR 371(c) DATE 01/18/2001 RULE	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 0141-2005
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APPLICANTS

Howard Milne Chandler, Yarmouth, ME;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/166,599 10/05/1998 PAT 6,221,678  
which is a CIP of 08/944,858 10/06/1997 PAT 6,271,046

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

AUSTRALIA PP3461/98 05/11/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/14/2001

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ME	SHEETS 4	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		DRAWING		
Verified and Acknowledged Examiner's Signature <i>Chas Cl.</i>	Initials <i>ca</i>			

ADDRESS

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One New Hampshire Avenue  
Suite 350  
Portsmouth ,NH 03801

TITLE

APPARATUS AND METHOD FOR ANALYTE DETECTION

FILING FEE RECEIVED 789	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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B2B Data Sheet

CONFIRMATION NO. 9076

SERIAL NUMBER 09/765,217	FILING DATE 01/18/2001 RULE	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 0141-2005
<b>APPLICANTS</b> Howard Milne Chandler, Yarmouth, ME;				
<b>** CONTINUING DATA</b> THIS APPLICATION IS A DIV OF 09/166,599 10/05/1998 PAT 6221678 which is a CIP of 08/944,858 10/6/1997 PAT 6271046				
<b>** FOREIGN APPLICATIONS</b> AUSTRALIA PP3461/98 05/11/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/14/2001		<b>** SMALL ENTITY **</b>		
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ME	SHEETS DRAWING 4	TOTAL CLAIMS 26
Verified and Acknowledged C. L. C. [Signature]	Examiner's Signature Initials	INDEPENDENT CLAIMS 5		
<b>ADDRESS</b> Farrell & Associates, P.C. P.O. Box 999 York Harbor, ME 03911				
<b>TITLE</b> Apparatus and method for analyte detection				
<b>FILING FEE RECEIVED</b> 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		